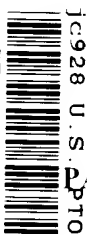


07/05/01



J1000 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.: E11136
First Inventor: Cynthia L. Bristow
Title: Detection of Surface-Associated
Human Leukocyte Elastase

Express Mail Label No.:

EL667728786US

TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Applicant Claims Small Entity
2. ☒ Specification
3. ☒ Drawings
4. ☒ Oath or Declaration
 - a. ☐ Newly Executed (original or copy)



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09/899498

07/05/01

ACCOMPANYING APPLICATION PARTS

5. ☐ Assignment Papers
6. ☐ 37 CFR 3.73(b) Statement
7. ☐ Information Disclosure Statement
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard
10. ☒ Power of Attorney

8. ☐ If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No. _____
Prior application Information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5B, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	FEE	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				\$355.00		\$710.00
TOTAL CLAIMS	minus 20	x 89	0.00	x \$18		
INDEPENDENT CLAIMS	minus 3	x 40	0.00	x \$80		
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))		x 135		x 270	
ASSIGNMENT RECORDAL FEE						40.00
			TOTAL:	\$355.00	TOTAL:	\$

x The benefit of priority under 35 U.S.C. 119(e) is hereby claimed from the following provisional application: 60 216,232, filed July 5, 2000.

 Please charge my Deposit Account No. 12-1325 in the amount of \$. A duplicate copy of this sheet is enclosed.

 The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application, without specific authorization, or credit any overpayment to Deposit Account No. 12-1325. A duplicate copy of this sheet is enclosed.

x A check in the amount of \$ 355.00 is enclosed to cover the filing fee.

CORRESPONDENCE ADDRESS

⊗ Customer Number **27957**

or ⊗ Correspondence address below




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Date: 7 5 01



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